06096

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (In this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherman's Dale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	M	BARNES	June	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Widow	Sept 17, 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home work.		Pennsylvania	U.S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Still	Leah Biesecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	Daisy Barnhart, Taneytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho Pneumonia	
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Congestive Heart failure	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Hamrick	Deputy Medical Examiner	Westminster Md	6/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/30/50	Oberlin	Oberlin	Dauphin Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27 1950	Ethel M. Mehring Local R.	C. D. Fuss & Son	Taneytown Md

VS. A15A

520 86

RECEIVED
JUN 29 1950
BUREAU OF L.S.

06097

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Curtis (Middle) C (Last) Barnes

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 18-1901
9. AGE last birthday 49 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner + Operator
10b. KIND OF BUSINESS OR INDUSTRY Body + Fender Works
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles C Barnes
14. MOTHER'S MAIDEN NAME Daisy Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY No. 214-03-7341
17. INFORMANT AND ADDRESS Mrs Nellie E Barnes, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minute

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 6/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 14-1950
NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery
LOCATION (City, town, or county) (State) Uniontown Road - Md

DATE REC'D BY LOCAL REG. 6/14/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR D D Hertzler + Sons ADDRESS New Windsor + Union Bridge, Md

15684

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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A15

RECEIVED
JUN 16 1950
U.S. BUREAU

06098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) L. (Middle) CLYDE (Last) BARNES

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 6/29/1887
9. AGE last birthday 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Frederick County Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Mary Margaret Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 219-14-8103
17. INFORMANT AND ADDRESS Mrs. Frank Frigley, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death -

916.0 Antecedent cause(s)

180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Sel. Inland

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Nr New Windsor (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) 6 (Day) 15 (Year) 1950 (Hour) 5:30 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? House burned down with him in it -

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (Degree or title) Deputy Med. Examiner ADDRESS Westminster Md DATE SIGNED 6/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/17/1950
NAME OF CEMETERY OR CREMATORY Forest Grove Inc
LOCATION (City, town, or county) Chinonville, Md. (State) R. W.

DATE REC'D BY LOCAL REG. June 17/50
REGISTRAR'S SIGNATURE Eva S. Breech
24. FUNERAL DIRECTOR W. W. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU P. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06099

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Westminster | LENGTH OF STAY (in this place) One month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hoods Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Westminster
STREET ADDRESS (If rural, give location) Penna. Ave. Extd.

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) CLAYTON (Last) BELL
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1874
9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Bell
14. MOTHER'S MAIDEN NAME: Annie Favorite
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. H. Mano Rinehart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	40 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	8 to 10 yrs
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to June 21, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Reese Wilkens — ADDRESS: 7 Carroll St Westminster, Md. — DATE SIGNED: 6/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 24 50 | NAME OF CEMETERY OR CREMATORY: Lindsey Cemetery | LOCATION (City, town, or county) (State): Near Westminster Md.
DATE REC'D BY LOCAL REG.: 6/23/50 | REGISTRAR'S SIGNATURE: L. Wisner Lemmon

24. FUNERAL DIRECTOR: J. E. Myers Jr. — ADDRESS: Westminster Md.

RECEIVED
JUN 23 1950
BUREAU V. S.

06100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 1 mo. 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital	STREET ADDRESS (If rural, give location): 761 W. Saratoga Street

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) EDWARD	(Last) BOYCE	4. DATE OF DEATH	(Month) June (Day) 24 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.	8. DATE OF BIRTH: May 16, 1915	9. AGE last birthday: 35 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck-Driver	10b. KIND OF BUSINESS OR INDUSTRY: Transfer Co.	11. BIRTHPLACE (State or foreign country): Shelby, N. Carolina	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: George Boyce	14. MOTHER'S MAIDEN NAME: Estelle Robinson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-30-6111	17. INFORMANT AND ADDRESS: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec. 1949

002x

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 8:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	6-24-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 6-27-50	NAME OF CEMETERY OR CREMATORY: Mt Calvary	LOCATION (City, town, or county) (State): Brooklyn Md
DATE REC'D BY LOCAL REG.: 6-24-50	REGISTRAR'S SIGNATURE: Albert R. Swankham, Deputy Local	24. FUNERAL DIRECTOR: Elroy O. Wilson	ADDRESS: 1000 Brantly Ave

42050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

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RECEIVED
JUN 29 1950
BUREAU

06101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY: CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER — LENGTH OF STAY (in this place): 4 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 4	STREET ADDRESS (If rural, give location): ROUTE 4

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WILLIAM (Last) BISHOFF

4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAR. 28, 1861

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Owner TRUCK FARMING

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ELISHA BISHOFF

14. MOTHER'S MAIDEN NAME: REBECCA METHENY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: CHARLES C. BISHOFF, BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	1 month
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	5 yrs
	(c) Hypertension	5 yrs.

331x

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1949, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 9:55 P m. June 29, 1950 from the causes and on the date stated above.

SIGNATURE: Julius Chepko MD (Degree or title) — ADDRESS: 88 W Main Westminster Md. — DATE SIGNED: June 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: JULY 2. 1950 — NAME OF CEMETERY OR CREMATORY: CENTENARY METHODIST CEM. — LOCATION (City, town, or county): PRESTON COUNTY (State): W. VA.

DATE REC'D BY LOCAL REG.: 6/30/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUL 5 1950
BUREAU V. S.

Evidence for addition in 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06102

CERTIFICATE OF DEATH

Reg. Dist. No. 70

FILM No. G 126 JUN 13 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Carroll; STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Clara; (Middle) A; (Last) Brining

4. DATE OF DEATH: (Month) June; (Day) 2; (Year) 19 50.

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 3/22/1859

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McKellip

14. MOTHER'S MAIDEN NAME: Mary E. Shunk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Miss Clara K Brining

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture, rt. hip (femur)	3 months
	(c)	

903.0
1860

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, generalized

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HOME (CITY OR TOWN) Taneytown (COUNTY) Carroll (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): March 1, 1950 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell on the kitchen floor (6/12/1950 akc)

22. I hereby certify that I attended the deceased from March, 19 50, to June 3, 19 50, that I last saw the deceased alive on June 2, 19 50, and that death occurred at 7 15 P EST m., from the causes and on the date stated above.

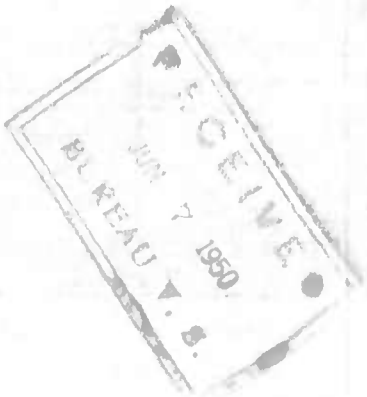
SIGNATURE: W P Bradley Jr. (Degree or title) M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 6-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: June 5, 1950; NAME OF CEMETERY OR CREMATORY: Lutheran; LOCATION (City, town, or county) (State): Taneytown Md

DATE REC'D BY LOCAL REG.: June 4; REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O. FUSS & SON; ADDRESS: Taneytown, Md.

VS. A15


RECEIVED
JUN 7 1950
BUREAU V. S.

06103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

*CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-1
STREET ADDRESS (If rural, give location) 419 Watty Court ✓

3. NAME OF DECEASED (Type or Print): (First) BEVERLY (Middle) JUANITA (Last) BROWN
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	Sept. 14, 1945	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elijah Brown
14. MOTHER'S MAIDEN NAME: Daisy Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Aunt: Aserlee McGlocklin-329 E. Lafayette Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningitis	January, 1950
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

010X 14

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At wnrk ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 21, 19 50, to June 21, 19 50, that I last saw the deceased alive on June 21, 19 50 and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE Herbert W. Brown, M. D. (Degree or title) ADDRESS Henryton, Md. DATE SIGNED 6-21-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-24-50	Mt. Auburn	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-21-50	Albert R. Swankland Deputy Local	Elroy C. Wilson	1000 Brantly ave

RECEIVED
JUN 28 1950
BUREAU

06104

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 87 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 John St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 69 John St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Buckingham
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug. 5-1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY our home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Terrence Boylan
14. MOTHER'S MAIDEN NAME Margaret N. Terrence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary Doyle, Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Decompensation	6 hrs
422.2 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 yrs
	(c) Chronic arthritis —	6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.22, 1950, to 6.15, 1950 that I last saw the deceased alive on 6.15, 1950, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE Chas. R Foutz (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 6-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 19-1950
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 6/17/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard Son, ADDRESS Westminster, Md.

RECEIVED
JUN 19 1950
BUREAU V. S.

06105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 mo. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-16
STREET ADDRESS (If rural, give location) 1313 Shields Place ✓

3. NAME OF DECEASED (Type or Print) (First) EDNA (Middle) LUCILLE (Last) BYRD
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 18, 1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier
10b. KIND OF BUSINESS OR INDUSTRY Valet Shop
11. BIRTHPLACE (State or foreign country) Charleston, W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Allen Byrd
14. MOTHER'S MAIDEN NAME Nellie Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Lost
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

INTERVAL BETWEEN ONSET AND DEATH: July 15, 1943

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 6-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/50
NAME OF CEMETERY OR CREMATORY Charleston, W. Va
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-24-50
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR Adolphus Halstead ADDRESS

Deputy Local 21089 918 - Druid Hill Ave. Balt. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1960
BUREAU V. S.

06106

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location) R#

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) S. BELL (Last) CLARK.

4. DATE OF DEATH: (Month) June (Day) 23. (Year) 1950

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: 6/26/76 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11. BIRTHPLACE (State or foreign country): Va — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Fish — 14. MOTHER'S MAIDEN NAME: Isabelle Ratrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Harry Ratrie, Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary artery disease — several months

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James T Marsh — Deputy Medical Examiner — Westminster — Md — 6/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/26/50 — NAME OF CEMETERY OR CREMATORY: Presbyterian Piney Creek — LOCATION (City, town, or county): Taneytown — (State): Md

DATE REC'D BY LOCAL REG.: June 26, 1950 — REGISTRAR'S SIGNATURE: Ethel M Mehring — 24. FUNERAL DIRECTOR: C.E. Hess & Son — ADDRESS: Taneytown Md

VS. A15A

RECEIVED
JUN 28 1950
BUREAU U. S.

06107

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 8 mos. 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) RICHARD	(Last) COLE	4. DATE OF DEATH	(Month) June (Day) 20 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: July 24, 1884	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): St. Mary's Co., Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Richard E. Cole	14. MOTHER'S MAIDEN NAME: Elizabeth Holton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1947
002X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1949, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	6-20-50

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify): Burial	DATE: 6-24-50	NAME OF CEMETERY OR CREMATORY: Mt. Olivet	LOCATION (City, town, or county) (State): Washington, DC
DATE REC'D BY LOCAL REG.: 6-20-50	REGISTRAR'S SIGNATURE: Albert R. Swankham	24. FUNERAL DIRECTOR: George Better	ADDRESS: 1203 Walter St. S.E.

Deputy Local

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A1

RECEIVED
JUN 23 1950
BUREAU Y. S.

06108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fredrick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredrick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Tula (Middle) Georgia (Last) Cole
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1950
5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH (Month) Jan (Day) 1880
9. AGE last birthday 70 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Fredrick
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Lowe
14. MOTHER'S MAIDEN NAME Rosie Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Emma Hargett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	10 yrs
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Gen. Arterio Sclerosis	10 yr
	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1949, to June 17, 1950, that I last saw the deceased alive on June 17, 1950 and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE J. H. Haston (Degree or title) M.D. ADDRESS Sykesville DATE SIGNED 6/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6-20-50 NAME OF CEMETERY OR CREMATORY Locust Valley LOCATION (City, town, or county) Burketsville (State) Md

DATE REC'D BY LOCAL REG. June 18, 1950 REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. H. Fite & Bro Brunswick ADDRESS Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1960
BUREAU V. S.

06109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Cha.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (In this place): 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Point, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)	(First) OSCAR	(Middle)	(Last) COTTMAN	4. DATE OF DEATH	(Month) June (Day) 16, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ??	8. DATE OF BIRTH: Jan. 14, 1892	9. AGE last birthday: 58 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker	10b. KIND OF BUSINESS OR INDUSTRY: Fisherman	11. BIRTHPLACE (State or foreign country): ?? Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ?? (If year, give war or dates of service)	16. SOCIAL SECURITY No.: ???	17. INFORMANT AND ADDRESS: Patient's Application			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	December, 1948
002X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1950, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
	Reuben Hoffman, M.D.	Henryton, Md.	6-16-50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/20/50	University Hospital	Balto City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-16-50	Albert R. Swankhorn	Frances A. Hemsley 5782	Biddle St

Deputy Local

496 X1

M

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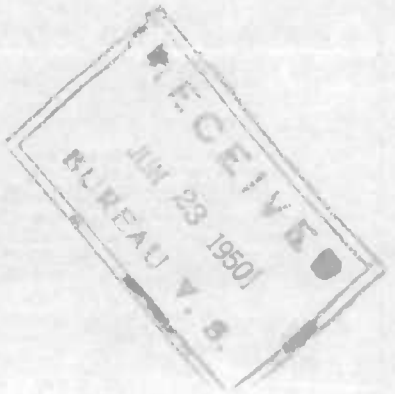
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13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JUN 23 1950
BUREAU V. S.

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06110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1yr.8mos.24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 1441 Parrish St., ✓

3. NAME OF DECEASED (Type or Print)	(First) CATHERINE	(Middle)	(Last) CROSBY	4. DATE OF DEATH	(Month) June (Day) 11, (Year) 1950
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 26,1932	9. AGE last birthday 18 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY House maid	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cephus Smith			14. MOTHER'S MAIDEN NAME Annie Crosby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Sept.1948
002 X Antecedent cause(s)		
13 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1948, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 5:A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hubert Hoffman, M.D.		Henryton, Maryland	6/11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-16-50	Mt. Calvary Em.	A. A. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/50	Albert R. Swanham Deputy Local	Ernest Rengstorff	1463 N. Carey St.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 19 1950
BUREAU U. S.

Evidence for change in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06111

CERTIFICATE OF DEATH

FILM No. G 126 JUN 21 1950

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH- COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: enryton — LENGTH OF STAY (in this place): 2yrs.9mos.9days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 707 Tessier St., ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FANNIE		DAVIS	June	8	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Negro	Single	Jan.,28,1936	14 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scholar		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Foster Mother Mrs. Sarah Moulden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis Extrapulmonary ~~Disease~~ (6-20-50 - ams)	September, 1947
002X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 29, 19 47, to June 8, 19 50, that I last saw the deceased alive on June 8, 19 50, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Realeen Wyman, M.D.	HENRYTON, MARYLAND	6/8/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF ~~CEMETERY OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	6/10/50	Mt Calvary Cem	annapolis Road Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/50	Albert R. Swanhart	adolphus Halstead	918 Druid Hill Ave

Deputy Local

RECEIVED
JUN 14 1950
BUREAU V. R.

Evidence for addition of #8 shown on:

FILM No. G 126 JUN 30 1950

06112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROY AUSTIN (Middle) LOUIS (Last) DIEHL

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 12, 1915
9. AGE last birthday 35 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Mervin Diehl
14. MOTHER'S MAIDEN NAME Margie Baumgardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY No. 216-05-4341
17. INFORMANT AND ADDRESS Lillian A. Diehl, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull - Amputation both

802.9 Antecedent cause(s) (b) legs above knee

169 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 6 (Day) 21 (Year) 1950 (Hour) 12:15 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Run over by freight train

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 6/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/23/50 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town, or county) Union Bridge, Md. (State)

DATE REC'D BY LOCAL REG. June 24, 1950 REGISTRAR'S SIGNATURE Leslie J. Kepp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

368 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06113

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ESTELLA (Middle) F (Last) EBURG

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 28 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: George Ballinger

14. MOTHER'S MAIDEN NAME: Eliza Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Geo M Eburg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Cerebral Hemorrhage. — 9 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular. (c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 19 50, to June 8, 19 50, that I last saw the deceased alive on June 6, 19 50, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E Burdette — Hampstead Md — 6/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 11/50 | NAME OF CEMETERY OR CREMATORY: Hampstead | LOCATION (City, town, or county) (State): Hampstead Carroll Co Md

DATE REC'D BY LOCAL REG.: June 9-1950 | REGISTRAR'S SIGNATURE: John S. Hughes Jr. | 24. FUNERAL DIRECTOR: Edw Clifton | ADDRESS: Hampstead Md

RECEIVED
JUN 12 1950
BUREAU V. I.

06114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:

County: Carroll

City or town: Taneytown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Carol

City or town: Taneytown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME David Henry Essig

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Maude E Essig

Dec 3 - 1876 6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) about 1865

8. AGE: Years 84 Months 8 Days 4 If less than one day ..... hrs. ..... min.

8. Birthplace: Carroll Co (Town, county, and state)

10. Usual occupation: Produce dealer

11. Industry or business: Retired

FATHER 12. Name: Jacob Essig

13. Birthplace: Germany

MOTHER 14. Maiden name: Margaret Baumgardner

15. Birthplace: Carroll Co

16. Informant: Estella Essig Yingling

Address: Taneytown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-30-50 (month) (day) (year)

Cemetery or crematory: Reformed Cemetery

Location: Taneytown, Md.

18. Funeral director: Raymond T. Wright

Address: Union Bridge, Md.

19. June 28 1950 (Date rec'd by registrar) Mary B. Hill Deputy Registrar

MEDICAL CERTIFICATION

EDST

20. DATE OF DEATH: June 28 1950, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947, to June 26 1950

and that I last saw him alive on June 26 1950

Immediate cause of death: Auricular fibrillation — DURATION: 4 days

Due to: Chronic cardiac failure — 3 years.

Due to:

Other conditions: 433.1 95a (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W P Bradley Jr. M.D. (M. D. or other)

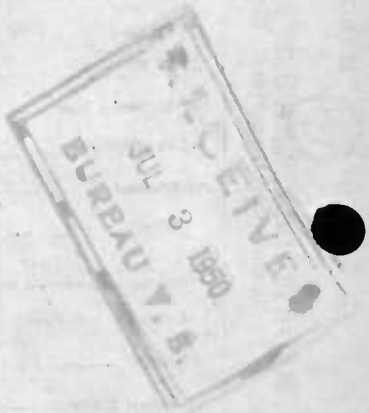
Address: Taneytown, Md. Date signed 6-28-50

12260

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUL 3 1950
BUREAU V. S.

M

06115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY ~~Carroll~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 9/13/13	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) A.	(Last) FLANNERY	4. DATE OF DEATH	(Month) June	(Day) 22	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Jan. 11, 1878	9. AGE last birthday 72 yrs.	If under 1 year Months —	Days —	If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster	10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (State or foreign country) Baltimore City	12. CITIZEN OF WHAT COUNTRY? United States				
13. FATHER'S NAME Patrick F. Flannery	14. MOTHER'S MAIDEN NAME Sarah Glennan						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records of Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial insufficiency	4 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic arteriosclerotic Heart disease	Indef
93d	(c) Generalized A.S. CV disease	Indef.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED --- While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to June 22, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 10:06 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry CA Mead	M.D.	Sykesville, Maryland	6/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/50	New Cathedral Cem.	4300 Old Frederick Rd.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/50	Hw. Hedrick Dm	John J. Cowan & Son	Hollins St.

910 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06116

Reg. Dist. No. 70

M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Carroll

City or town: Harney

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Carroll

City or town: Harney

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Fream

3. (b) Social Security Number

none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Effie Fleagle Fream

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1871

8. AGE: Years	Months	Days	If less than one day
78	9	10	hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: merchant (retired)

11. Industry or business: General Mdse-Groceries

FATHER

12. Name: George Fream

13. Birthplace: Md

MOTHER

14. Maiden name: Sarah Hess

15. Birthplace: Md

16. Informant: Mrs. Effie Freagle Fream

Address: Harney, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8, 1950 (month) (day) (year)

Cemetery or crematory: Lutheran

Location: Harney, Md.

18. Funeral director: C. O. FUSS & SON

Address: Taneytown, Md.

19. June 7. 1950 Ethel M Mehring

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1950 at 10:45A M (EST)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1950 to June 5, 1950 and that I last saw h... alive on June 4th 1950

Immediate cause of death	DURATION
Coronary Occlusion	2 hours.
Due to: Arteriosclerotic Heart Disease	10 yrs.
Due to:	
Other conditions: —	

4:20.0 93d

(Include pregnancy within 3 months of death)

Major findings of operations: None.

Date of op.: None.

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

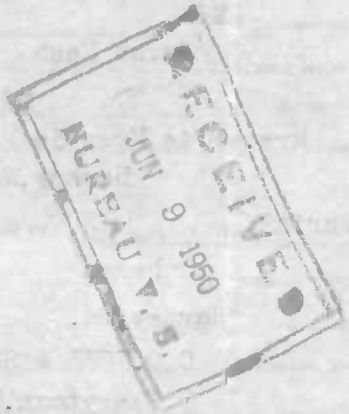
Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: R. C. Richards Jr., M. D. (M. D. or other)

Address: 101 S. Queen St. Littlestown, Pa. Date signed: 6-5-50

15661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JUN 9 1950
BUREAU U.S.

06117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (In this place) 4 mos., 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS 511 64th Avenue (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) E. (Last) HORSTMAN
4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/85
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Campbell
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Cerebral Hemorrhage	30 minutes
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, catatonic type — 39 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1950 to 6/13, 1950, that I last saw the deceased alive on 6/13, 1950, and that death occurred at 3:15 P DST m., from the causes and on the date stated above.

SIGNATURE Robert W Taylor (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 6/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 17, 1950
NAME OF CEMETERY OR CREMATORY Addison's Chapel
LOCATION (City, town, or county) Seat Pleasant (State) Md.

DATE REC'D BY LOCAL REG. June 17, 1950
REGISTRAR'S SIGNATURE A Harry Neer
24. FUNERAL DIRECTOR J. Wm. Lee's Sons, Washington, D.C. ADDRESS

M

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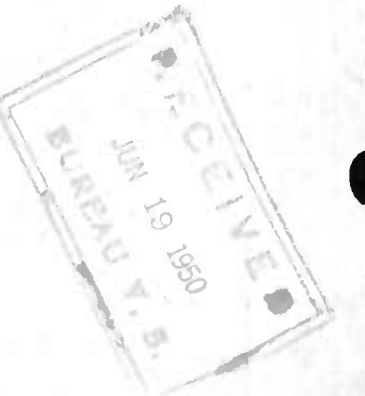
VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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JUN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06118

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 1yr. 2mos 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie Md.
STREET ADDRESS (If rural, give location) Box 431

3. NAME OF DECEASED (Type or Print): (First) TEXANNA (Middle) (Last) JONES

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Nov. 5, 1929

9. AGE last birthday: 20 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Queen

14. MOTHER'S MAIDEN NAME: Mildred [illegible] Kess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mildred Queen (Mother) Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Dec., 1948

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1949, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 2:45p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Raleen Hoffman, M. D. | ADDRESS Henryton, Md. | DATE SIGNED 6-12-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-15-50 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. | LOCATION (City, town, or county) Westport. | (State) Md.

DATE REC'D BY LOCAL REG. 6-12-50 | REGISTRAR'S SIGNATURE Albert R. Swanborn | 24. FUNERAL DIRECTOR William Reese | ADDRESS 108 W Cathlyn St. Annapolis, Md.

Deputy Local

RECEIVED
JUN 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06119

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) M (Last) LANG

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 3-20-1950 | 9. AGE last birthday yrs. | If under 1 year Months 3 Days 3 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lawrence Lang | 14. MOTHER'S MAIDEN NAME Jennie M Lockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Lawrence Lang - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infantile Convulsions	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro - Enteritis	2 mos
	(c)	

571.0
119a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, to June 23, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Maurice C. Porterfield M.D | HAMPSTEAD Md | 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 25/50 | NAME OF CEMETERY OR CREMATORY Sevydersburg | LOCATION (City, town, or county) Carroll Co | (State) Md

DATE REC'D BY LOCAL REG. June 23-1950 | REGISTRAR'S SIGNATURE John L. Hughes Jr | 24. FUNERAL DIRECTOR Edw C. Tipton | ADDRESS Hampstead Md

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RECEIVED
JUN 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06120

Reg. Dist. No. 74

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENTYTON STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
STREET ADDRESS (If rural, give location): 513 Young St.,

3. NAME OF DECEASED (Type or Print) (First): AMY MARIE (Middle): TULL (Last): LAWS

4. DATE OF DEATH (Month) (Day) (Year): June 10 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Seperated

8. DATE OF BIRTH: Oct. 27, 1927

9. AGE last birthday: 22 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory

10b. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): Pocomoke City, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Georg George Tull

14. MOTHER'S MAIDEN NAME: Minnie Muriel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Minnie Muriel (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Feb. 1950

002x

Antecedent cause(s)

13 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1950, to June 10, 1950 that I last saw the deceased alive on June 10, 1950, and that death occurred at 12: P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M. D. — ADDRESS: HENRYTON, Md. — DATE SIGNED: 6/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-14-50 — NAME OF CEMETERY OR CREMATORY: Pocomoke Cem — LOCATION (City, town, or county) (State): Pocomoke Md

DATE REC'D BY LOCAL REG.: 6/11/50 — REGISTRAR'S SIGNATURE: Albert R. Swarthham — 24. FUNERAL DIRECTOR: J. E. Thomas — ADDRESS: Acomac Va.

Deputy Local

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Valley
LENGTH OF STAY (In this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Valley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Louella (Middle) Belle (Last) Leatherwood

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 5/5/1903

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J.Roy Myers

14. MOTHER'S MAIDEN NAME Gertrude E.Wantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Earl W.Leatherwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
153X **Immediate cause**	(a) acute cardiac decompensation	10 hrs
462 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Intestines	4 mos.
	(c) Intestinal Obstruction	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-, 1950, to 6-8-, 1950, that I last saw the deceased alive on 6-8, 1950, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R Foutz M.D. Westminster Md 6.9.50

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 6/10/50

NAME OF CEMETERY OR CREMATORY Pleasant Valley

LOCATION (City, town, or county) Pleasant Valley (State) Md

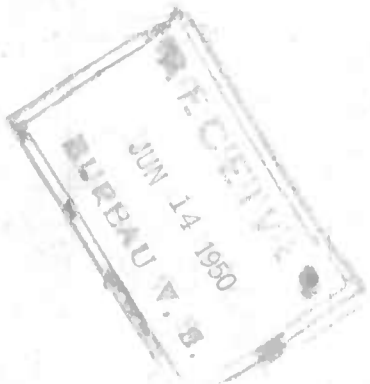
DATE REC'D BY LOCAL REG. 6/13/50

REGISTRAR'S SIGNATURE A. Alexander

24. FUNERAL DIRECTOR C.O.FUSS & SON ADDRESS Taneytown, Md.

Burial Permit issued by Mrs. Ethel McKellip, Taneytown

VS. A15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JUN 14 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06122

CERTIFICATE OF DEATH

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; LENGTH OF STAY (in this place) 45 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) Robert (Last) Lippy

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5-29-1865

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Lewis B. Lippy

14. MOTHER'S MAIDEN NAME: Elizabeth M. B. Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Harry B. Lippy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) 1) Cerebral hemorrhage — Interval between Onset and Death: 6 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to June, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 12:40A m., from the causes and on the date stated above.

SIGNATURE: W. J. Foard (Degree or title) M.D. ADDRESS: Manchester Md DATE SIGNED: 6/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-28-50 | NAME OF CEMETERY OR CREMATORY: Reformed cemetery | LOCATION (City, town, or county) (State): Manchester Carroll Md.

DATE REC'D BY LOCAL REG.: June 27/50 | REGISTRAR'S SIGNATURE: Mrs. H. P. S. Benner | 24. FUNERAL DIRECTOR: Jacob Winks Sons | ADDRESS: Manchester Md.

VS. A15

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JUL 16 1950
BUREAU

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06123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH: COUNTY Carroll Sykesville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2629 East Oliver Street ✓

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) (Last) MONK
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 7/23/10
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hot Mill worker
10b. KIND OF BUSINESS OR INDUSTRY Eastern Stainless Steel Corp
11. BIRTHPLACE (State or foreign country) Portsmouth, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willington Monk
14. MOTHER'S MAIDEN NAME Ruth Kirkendoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia due to	4 days
025X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 30 b	(b) Syphilitic meningo encephalitis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilitic meningo-encephalitis ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1950 to 6/7, 1950, that I last saw the deceased alive on 6/7, 1950 and that death occurred at 12:45 A DST m., from the causes and on the date stated above.

SIGNATURE Henry Carl Read (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 8/50
NAME OF CEMETERY OR CREMATORY Woodlawn Cem
LOCATION (City, town, or county) Portsmouth (State) Ohio

DATE REC'D BY LOCAL REG. 6/7/50
REGISTRAR'S SIGNATURE A. W. Hedrick DM
24. FUNERAL DIRECTOR Philip Herwig Sons, 2024 Gilmore St 49629
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

06124

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy — LENGTH OF STAY (in this place): 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): Park Ave.,

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle) E.	(Last) PENN	4. DATE OF DEATH	(Month) June (Day) 23 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 11-10-1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer--retired	10b. KIND OF BUSINESS OR INDUSTRY: own farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Charles Penn	14. MOTHER'S MAIDEN NAME: Betty Welsh				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT: Carrie V.Penn, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331x Immediate cause	(a) Cerebral Hemorrhage	15 mins
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension due to	
	(c) Arterio Sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1935, to June 23 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 7159 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C M Van Poole	M.D.	Mt Airy Md	6-23-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE THEREOF: 6-25-1950	NAME OF CEMETERY ~~OR CREMATORY~~: Ebenezer	LOCATION (City, town, or county) (State): Winfield, Carroll Co. Md.
DATE REC'D BY LOCAL REG.: 6/24/50	REGISTRAR'S SIGNATURE: Thm D Snyder	24. FUNERAL DIRECTOR: C. M. Waltz,	ADDRESS: Winfield, Md.

000VV

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06125

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown | LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) CHRISTOPHER (Last) POWERS
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 23, 1881
9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Powers
14. MOTHER'S MAIDEN NAME: Wiley Edmonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 705-10-0302
17. INFORMANT: Mrs. Roger C. Powers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James T. Marsh, Deputy Medical Examiner, Westminster, Md., June 25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6/27/50 | NAME OF CEMETERY OR CREMATORY: Dowden Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Co. Md.

DATE REC'D BY LOCAL REG.: June 25, 1950 | REGISTRAR'S SIGNATURE: Ethel M. Mehring

24. FUNERAL DIRECTOR: Wm. J. Dickensheets Sons | ADDRESS: Balto. Md.

15647

VS-A15A

RECEIVED
JUN 28 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

06126

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (In this place) 2/4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Joy (Last) Rippeon
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	W.	Single	June 22-50	yrs.		2 / 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Woodbine Md	

13. FATHER'S NAME Auston Reid Rippeon
14. MOTHER'S MAIDEN NAME Mary Louise Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Auston R. Rippeon

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
762.0 Immediate cause	(a) Undetermined - Probably atelectasis	
161a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James T Marsh Deputy Medical Examiner	Westminster Md	6/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-1950	Poplar Springs	Poplar Springs Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-23-50	Edna M Hewitt	E. M. Waltz	Winfield Md.

1-0-6-22-0-25-3-35-V

VS/A15A

RECEIVED
JUL 7 1950
BUREAU V. S.

06127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) ROBINSON
4. DATE OF DEATH (Month) June (Day) 1 (Year) 50

5. SEX F
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 10 - 1875
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaiah Tyler
14. MOTHER'S MAIDEN NAME Jane Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Annie Austin - Marriottsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH 9 yrs.

Immediate cause (a) Carcinoma Cervix

171X Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE James T. Marsh Deputy Med Examiner (Degree or title) - ADDRESS Westminster Md DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-10-50
NAME OF CEMETERY OR CREMATORY West Liberty
LOCATION (City, town, or county) Alpha Md (State)

DATE REC'D BY LOCAL REG. 6/6/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR F.C. Higinbothom, Edmett City Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06128

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-1
STREET ADDRESS (If rural, give location) 418 Myrtle Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) (Last) SAUNDERS

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 13, 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Holley

14. MOTHER'S MAIDEN NAME: Henrietta Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Thomas Saunders-418 Mrytle Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: August, 23 1949

002X Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 5:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton, Md. DATE SIGNED 6-24-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-27-50 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. | LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 6-24-50 | REGISTRAR'S SIGNATURE Albert R. Swanborn Deputy Local | 24. FUNERAL DIRECTOR Mrs Estelle R. Williams ADDRESS 322 N. Schroeder St

RECEIVED
JUN 30 1930
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (In this place): 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 316 West Patrick Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel L.		Snyder	6	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3/11/17	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Snyder
14. MOTHER'S MAIDEN NAME: Cora Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Right heart failure. —

410 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92 b (b) Chronic mitral disease —

(c) Severe acute cystitis & Calculi (bladder) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~_____~~, 19_____, to ~~_____~~, 19_____, that I last saw the deceased alive on ~~_____~~, 19_____, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Moore	Deputy Medical Examiner	Westminster Md.	6/20/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 23 1950	Mt. Olivet	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 21, 1950	C. Harry Keefer	C. T. Cline & Son	Frederick Md.

XVX99

RECEIVED
JUN 23 1950
BUREAU V. S.

06130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: CARROLL — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SANDYMOUNT — LENGTH OF STAY (in this place): 4 1/2 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SANDYMOUNT
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FINKSBURG, MD. R1	STREET ADDRESS (If rural, give location): FINKSBURG, MD. R1.

3. NAME OF DECEASED (Type or Print)	(First) J.	(Middle) BEARCE	(Last) STEWART	4. DATE OF DEATH	(Month) JUNE (Day) 29 (Year) 1950
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH: MAY 20, 1905	9. AGE last birthday: 45 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANICAL SUPERVISOR	10b. KIND OF BUSINESS OR INDUSTRY: LINOLEUM MFG.	11. BIRTHPLACE (State or foreign country): MAINE	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: JAMES T. STEWART	14. MOTHER'S MAIDEN NAME: LOVINA LOWELL				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO.: 141-07-5227	17. INFORMANT AND ADDRESS: MRS. J. B. STEWART, FINKSBURG, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
193X	Immediate cause	(a) Broncho-Pneumonia	2 days
54b	Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sarcoma of Spinal Cord - Extradural	22 Months
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

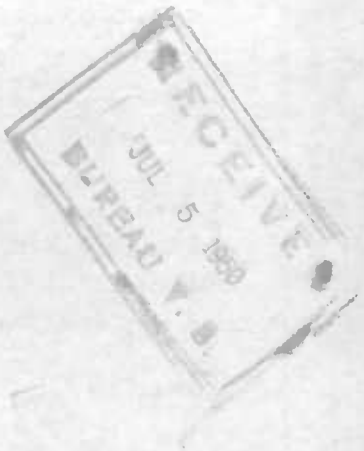
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: Tumor of Spinal Cord - Extradural Sarcoma	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to June 29, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 9:30 P m, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	M.D.	Westminster Md	6/30/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: JULY 3, 1950	NAME OF CEMETERY OR CREMATORY: FARMINGTON CEMETERY	LOCATION (City, town, or county): FARMINGTON	(State): MAINE
DATE REC'D BY LOCAL REG.: 7/1/50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: J. FRANCIS REESE	ADDRESS: WESTMINSTER, MD.	

31602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JUL 5 1990
BUREAU V. S.

06131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL SMALLWOOD
LENGTH OF STAY (in this place): 19 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WESTMINSTER RD 6

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL SMALLWOOD
STREET ADDRESS (If rural, give location): WESTMINSTER RD 6

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) C. (Last) STOCKSDALE

4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	FEB. 7, 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTRY	CONSTRUCTION	MARYLAND	U.S.A.

13. FATHER'S NAME: WILLIAM H. STOCKSDALE

14. MOTHER'S MAIDEN NAME: URSILLA BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	220-07-4458	WILLIAM A. STOCKSDALE, WESTMINSTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	?
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	6 MO
	(c) Arteriosclerosis General	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mild Hypertension	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1946, to June 21, 1950, that I last saw the deceased dead alive on June 24, 1950, and that death occurred at 8:1 PM 6/22/50? m., from the causes and on the date stated above.

SIGNATURE: W. Glenn Speicher (Degree or title) ADDRESS: Westminster Md DATE SIGNED: June 25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JUNE 26, 1950	PROVIDENCE CEMETERY	GAMBER	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/50	[signature]	J. FRANCIS REESE	WESTMINSTER, MD.

VS A15

308V9

RECEIVE
JUN 29 1950
BUREAU V.

06132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harf.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md.
STREET ADDRESS (If rural, give location) Washington Street.,

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) FLETCHER (Last) SUMMONS

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.

8. DATE OF BIRTH: July 1, 1905

9. AGE last birthday: 44 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glena, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charlie Hatckett

14. MOTHER'S MAIDEN NAME: Lula Summons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: November, 1949

002X Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1950, to June 16, 1950, that I last saw the deceased alive on June 16, 1950 and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuleen Hoffman, M.D. — ADDRESS Henryton State Hospital — DATE SIGNED 6-16-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE 6/20/50 — NAME OF CEMETERY OR CREMATORY University Hospital — LOCATION (City, town, or county) Balto City (State)

DATE REC'D BY LOCAL REG. 6-16-50 — REGISTRAR'S SIGNATURE Albert R. Swankhaus — 24. FUNERAL DIRECTOR Frances A Hemsley — ADDRESS 578 N Bradford St

Depty Local

98849

RECEIVED
JUN 23 1950
BUREAU V.

66133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mullers Rural; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural near Mullers; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Therit

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-19-1874

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Therit (Therit.)

14. MOTHER'S MAIDEN NAME: Anna Eisenhuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. W. H. Graf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 4 months

422,1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio Vascular Disease — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..43, to 6-17, 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 1:10a m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Winterfeet (Degree or title) M.D. ADDRESS: Hampstead, Md DATE SIGNED: 6-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6-19-50 | NAME OF CEMETERY OR CREMATORY: St. Davids | LOCATION (City, town, or county) (State): Shermans Church Pa

DATE REC'D BY LOCAL REG.: June 17/50 | REGISTRAR'S SIGNATURE: Mrs W. P. S. Denner | 24. FUNERAL DIRECTOR: Jacob Winks Sons ADDRESS: Manchester Md.

000VV

RECEIVED
JUN 27 1950
BUREAU V. S.

Evidence for change of age shown on:

06134

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 7mos. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 18
STREET ADDRESS (If rural, give location): 300 E. 20½ Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) THOMAS (Last) THORNTON

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.,

8. DATE OF BIRTH: Aug., 13, 1915

9. AGE last birthday: 33 34 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Trash collector

11. BIRTHPLACE (State or foreign country): Elbert Georgia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Walter Taylor

14. MOTHER'S MAIDEN NAME: Viola Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Febr 1949

Antecedent cause(s)

13 J

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 21, 19 49 to June 14, 19 50, that I last saw the deceased alive on June 14, 19 50 and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. ADDRESS: HENRYTON, MARYLAND DATE SIGNED: 6/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/17/50	Mt Calvary Cem	A.A. Co	Md

DATE REC'D BY LOCAL REG. 6/14/50

REGISTRAR'S SIGNATURE: Albert R. Swankland Deputy Local

24. FUNERAL DIRECTOR: Payner Sanders ADDRESS: 1412 E. Preston St

42050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 19 1950
BUREAU V. S.

06135

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1yr. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1400 Riggs Ave.,

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) WALKER

4. DATE OF DEATH (Month) June (Day) 26, (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1881

9. AGE last birthday 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Albert Pinkney 1400 Riggs Avenue, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	April, 1948
002 × Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1949, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

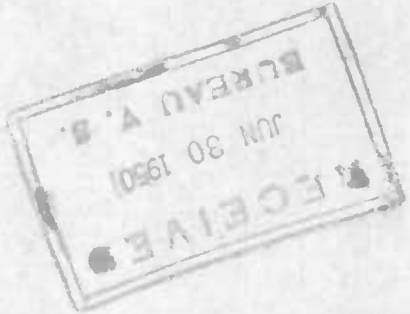
SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton, Maryland DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 6/28/50 NAME OF CEMETERY OR CREMATORY University Hospital LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REG. 6/26/50 REGISTRAR'S SIGNATURE Albert R. Swankhaus Deputy Local

24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 5780 Biddle St

988 99


RECEIVED
JUN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06136

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location)
DST

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E (Last) Winters
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married ?
8. DATE OF BIRTH: ? June 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Cardiac decompensation	2 weeks
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiac Vascular Disease	Indef.
		(c) Arteriosclerotic heart disease	Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 19 26 to June 23, 19 50, that I last saw the deceased alive on June 23, 19 50, and that death occurred at 9:25 P. m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry C. A. Mead, M. D. Sykesville 6/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 6/30/50 | NAME OF CEMETERY OR CREMATORY: Trinity Cemetery | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: June 30, 1950 | REGISTRAR'S SIGNATURE: C. Harry Weer | 24. FUNERAL DIRECTOR: Francis J. Kennedy | ADDRESS: 878 N. Bradford

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 18 1950
BUREAU V. S.